



Class VI (6) Permit Application

Permits the holder to operate DOT cylinder charging station and/or a motor fuel dispenser

420:10.1.5.(b)(6)(A)

ATTENDED AUTOGAS ENDORSEMENT

UNATTENDED AUTOGAS ENDORSEMENT

420:10-1-5.(b)(6)(C) and 420:10-1-14.(b)(2)(D)

UN-ODORIZED LP GAS END USER ENDORSEMENT – Use form “Class VI Un-odorized LP Gas End User Endorsement”

Full Company Name: _____ Federal ID: _____

Business Street Address: _____
Street City State Zip

Business Mailing Address: _____
(If different from above) Street City State Zip

Business Telephone: (____) _____ - _____ E-mail: _____

List of Officers, Partners, or Owners: Check one: _____ Corporation/Association _____ Partnership _____ Sole Proprietor
Name Title Address

Dispenser Size: _____ WC Gallons: _____ Meter? (Yes) _____ (No) _____ Temp. Compensator? (Yes) _____ (No) _____

Owner of Dispenser: _____ Were plans approved? (Yes) _____ (No) _____

LP Gas Supplied By: _____

Do you charge/fill DOT cylinders? (Yes) _____ (No) _____ Do you re-qualify DOT cylinders?: (Yes) _____ (No) _____

Do you fill motor fuel (vehicle) containers? (Yes) _____ (No) _____ If YES, OTC Special Fuel Permit No: _____

List employees that dispense LP Gas (use the back if more space is needed):

Name 6A LP Gas Permit No. Name 6A LP Gas Permit No.

Insurance Company Name: _____ Policy Number: _____

Agent's Phone Number: (____) _____ - _____ Expiration Date: _____

READ BELOW AND INITIAL:

- _____ I understand that all employees dispensing LP Gas are required to hold an Oklahoma Class 6-A permit.
- _____ I agree that any new employee will be trained and pass a Class 6-A permit test before dispensing LP Gas.
- _____ I agree that all DOT cylinders, 300 lbs. WC or less, will be filled by weight, unless exempt by NFPA-58, and will not fill any unsafe or illegal DOT cylinder and/or motor fuel containers.
- _____ I understand that this permit is non-transferable and any change in name or ownership will be reported to the Oklahoma LP Gas Administration immediately.
- _____ I understand that this permit will expire on August 31st each year. If renewed after this date, I understand there will be an additional 25% late fee assessed.
- _____ I understand that no permit will be renewed after September 30th, without the approval of the LP Gas Administrator.
- _____ I certify that this information is true and correct. Any false or fraudulent statement or failure to comply with the rules and regulations promulgated by the Liquefied Petroleum Gas Board or Oklahoma Statutes Title 52, Chapter 8, Section 420.1 through 420.15 shall be cause for suspension or revocation of the permit held.

OFFICE USE ONLY

PERMIT NUMBER: _____
EXPIRATION DATE: _____
DATE ISSUED: ____/____/____
PROCESSED BY: _____

Signed: _____ (By applicant)

Print Name: _____

Title: _____ Date: ____/____/____

Permit will NOT be issued unless all above questions are answered, and a Certificate of Insurance is provided.

PAYMENT METHODS:

APPLICATION FEE: \$150.00
FILING FEE: \$10.00
TOTAL FEES: \$160.00

CHECK: OKLAHOMA L. P. GAS ADMINISTRATION
PO BOX 53218

OKLAHOMA CITY, OK 73152

EMAIL: LPGAS.INFO@LPGAS.OK.GOV FAX: (405) 521-6037